

No. C 63491	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX DEANNIE CURRY BOX 188 HARRISON ID 83833
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct HARRISON AMBULANCE ASSOCIATI DENNIE CURRY BOX 188		
** FINAL NOTICE **	HARRISON	ID 83833	3. Organized Under the Laws of: ID C 63491
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)			
Office held	Name	Street or P.O. Address	City State Zip
Pres./Board	Fred Mula	26153 S. Hwy 97	St. Maries Id. 83861
Sec./Board	Virginia Cope	Box 297	Harrison Id. 83833
Treas./Board	Deanie Curry	Box 167	Harrison Id. 83833
V.Pres./Board	Maxine Christensen	HC02 Box 147	St. Maries Id. 83861
Board	Ed Hunt	Box 72	Harrison Id. 83833
Board	Char Unger	Box 107	Harrison Id. 83833
5. <u>New</u> Registered Agent Signature		6. Signature <u>Deanie Curry</u> Date <u>Oct. 27, 1999</u> Name (Typed or Printed) <u>DEANIE CURRY</u> Title <u>Ins/Office Manager</u>	

ISSUED: 10-01-1999

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